

LICENSE COLLECTOR  
MONO COUNTY  
COUNTY COURTHOUSE  
P.O. BOX 495  
BRIDGEPORT, CA 93517

FEE . . . . \$ \_\_\_\_\_  
PENALTY (if any) \_\_\_\_\_  
TOTAL TO REMIT \$ \_\_\_\_\_

**APPLICATION FOR  
BUSINESS LICENSE**

KIND OF BUSINESS \_\_\_\_\_ Business  
Tel. No. \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_  
NUMBER STREET CITY ZIP

NEAREST CROSS STREET \_\_\_\_\_

FULL NAME OF APPLICANT \_\_\_\_\_ Tel. No. \_\_\_\_\_  
(STATE WHETHER CORPORATION, PARTNERSHIP, INDIVIDUAL OR OTHER STATUS)

DOING BUSINESS AS \_\_\_\_\_ Parcel No. \_\_\_\_\_

IF A CORPORATION, EXACT CORPORATE NAME IS \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ Incorporated in State of \_\_\_\_\_

NAMES OF OFFICERS	ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Underline** Above Officer Authorized To Accept Service of Legal Process.

IF PARTNERSHIP, SHOW BELOW THE NAMES OF PARTNERS, ADDRESSES, & INTEREST HELD

NAMES OF PARTNERS	ADDRESSES	% INTEREST HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAILING ADDRESS \_\_\_\_\_  
STREET CITY ZIP

DATE BUSINESS STARTED \_\_\_\_\_

PREVIOUS OWNER'S NAME, (IF KNOWN) \_\_\_\_\_

THIS IS AN APPLICATION FOR: NEW LICENSE \_\_\_\_\_ RENEWAL \_\_\_\_\_

SELLER'S PERMIT # (IF REQUIRED) \_\_\_\_\_

APPLICANT MUST WITHIN FIVE DAYS THEREAFTER NOTIFY THIS OFFICE IN WRITING OF ANY CHANGE IN ANY FACTS REQUIRED BY THIS APPLICATION.

The information contained herein is true and correct to the best of my knowledge and belief. As a condition for the issuance of the license applied for, I agree; to submit any additional information that may be required; to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances, and regulations.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_

BELOW FOR OFFICE USE ONLY Approved \_\_\_\_\_ By \_\_\_\_\_

Disapproved \_\_\_\_\_ Board of Supervisors \_\_\_\_\_ Assessor \_\_\_\_\_

Building \_\_\_\_\_ Planning \_\_\_\_\_ Health \_\_\_\_\_ Sheriff \_\_\_\_\_ Other \_\_\_\_\_

License No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Bond \_\_\_\_\_ Ins. \_\_\_\_\_ Permit \_\_\_\_\_

Decal \_\_\_\_\_ Transient Occupancy Certificate No. \_\_\_\_\_